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## CONFIDENTIAL FACSIMILE TRANSMISSION

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| To:   | COMMISSIONER FOR PATENTS |
| Fax:  | 571-273-8300             |
| Tel:  |                          |
| Date: | APRIL 27, 2007           |
| RE:   | NON-FINAL OFFICE ACTION  |

Our File Ref.: TEC-6007-US

Your File Ref.: 09/522,359

No. of Pages: 22 (including this cover sheet)

- |   |  |   |
|---|--|---|
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|   | <input type="checkbox"/> INTERNATIONAL MAIL            |   |

In response to the Office Action dated 12/27/2006, please find the following checked items:

- Cover letter, 1 sheet(s);
- Petition for Extension of Time Under 37 C.F.R. 1.136(a), Form PTO/SB/22, and one (1) copy thereof attached thereto, 2 sheet(s);
- Fee Transmittal, Form PTO/SB/17, 1 sheet(s);
- Response to Office Action (including attachments, if any), 17 sheet(s) total;
- Other:
- Other:

Thank you.

*J. Tomlinson* ... 52-585  
 The undersigned hereby certifies that a true and accurate copy of the items checked above are being transmitted to the Honorable Commissioner for Patents, by facsimile transmission to the facsimile number indicated above, on this the 27th day of APRIL, 2007.

*Jane A. Tomlinson*  
 JANE A. TOMLINSON

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APR 27 2007

**INTERNATIONAL  PAPER**

THOMAS W. BARNES, Ph.D  
PATENT AGENT  
INTELLECTUAL PROPERTY

CINCINNATI TECHNOLOGY CENTER  
6285 TRI-RIDGE BOULEVARD  
LOVELAND OH 45140

T 513.248.6736  
F 513.248.6455  
thomas.barnes@lpaper.com

**SENT  BY FACSIMILE TO ( 571-273-8300 )  
 BY FIRST CLASS MAIL TO THE ADDRESS BELOW**

April 27, 2007

Commissioner for Patents  
United States Patent and Trademark Office  
Post Office Box 1450  
Alexandria, Virginia 22313-1450

**RE: SUBMISSION OF RESPONSE TO OFFICE ACTION**

|                     |   |  |
|---------------------|---|--|
| <b>Applicant(s)</b> | : | HAMAD, et al                               |
| <b>Serial No.</b>   | : | 09/522,359                                 |
| <b>Filed on</b>     | : | MARCH 9, 2000                              |
| <b>Title</b>        | : | ENGINEERED CRACK RESISTANT PAPER AND BOARD |
| <b>Our Ref.</b>     | : | TEC-6007-US                                |

Dear Commissioner:

Enclosed herewith for filing, Applicant(s) respectfully submit(s) the following checked items:

- Petition for Extension of Time Under 37 C.F.R. 1.136(a), Form PTO/SB/22, and one (1) copy thereof attached thereto, 2 sheet(s);
- Fee Transmittal, Form PTO/SB/17, 1 sheet(s);
- Response to Office Action (including attachments, if any), 17 sheet(s) total;
- Other: \_\_\_\_\_;
- Other: \_\_\_\_\_;
- Postage-prepaid return-receipt postcard for your use in stamping to indicate receipt of the above-listed items.

Please stamp the enclosed postcard and return same to me to indicate your receipt of the above-listed items. Please feel free to contact me if you have any questions concerning the above or the enclosed.

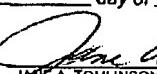
With kindest regards,

Thomas W. Barnes  
Agent for Applicant(s)

Enclosure(s)  
TWB/ jat

**Certification of Mailing or Transmission Under 37 C.F.R. 1.8**

The undersigned hereby certifies that a true and accurate copy of the within "Response to Office Action", together with all attachments referred to herein, is being transmitted to the Honorable Commissioner for Patents, either by first-class mail, postage prepaid, addressed to Commissioner for Patents, Post Office Box 1450, Alexandria, Virginia 22313-1450, or by facsimile transmission to the facsimile number indicated hereon, on this the 27th day of APRIL, 2007.

  
Jane A. Tomlinson

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APR 27 2007

PTO/SB/17 (01-08)  
Approved for use through 07/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

|                         |      |        |
|-------------------------|------|--------|
| TOTAL AMOUNT OF PAYMENT | (\$) | 200.00 |
|-------------------------|------|--------|

**Complete If Known**

|                      |               |
|----------------------|---------------|
| Application Number   | 09/522,359    |
| Filing Date          | MARCH 9, 2000 |
| First Named Inventor | HAMAD, et al  |
| Examiner Name        | L. FERGUSON   |
| Art Unit             | 1774          |
| Attorney Docket No.  | TEC-6007-US   |

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 09-0525 Deposit Account Name: INT'L PAPER COMPANY

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.18 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                              | <u>SEARCH FEES</u> |                              | <u>EXAMINATION FEES</u> |                              | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>         | <u>Small Entity Fee (\$)</u> |                       |
| Utility                 | 300                | 150                          | 500                | 250                          | 200                     | 100                          | _____                 |
| Design                  | 200                | 100                          | 100                | 50                           | 130                     | 65                           | _____                 |
| Plant                   | 200                | 100                          | 300                | 150                          | 160                     | 80                           | _____                 |
| Reissue                 | 300                | 150                          | 500                | 250                          | 600                     | 300                          | _____                 |
| Provisional             | 200                | 100                          | 0                  | 0                            | 0                       | 0                            | _____                 |

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

|                 |                              |
|-----------------|------------------------------|
| <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> |
|-----------------|------------------------------|

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

|                     |                     |                 |                      |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|

|                 |   |
|-----------------|---|
| <u>Fee (\$)</u> | <u>Multiple Dependent Claims Fee (\$)</u> |
|-----------------|---|

- 20 or HP = 4 x 50.00 = 200.00

Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

|                      |                     |                 |                      |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|

Fee (\$) Fee Paid (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                 |                      |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|

- 100 = / 50 = (round up to a whole number) x =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

|                   |  |                               |
|-------------------|--|-------------------------------|
| <u>Signature</u>  | <u>Registration No.</u> 52,595<br>(Attorney/Agent) | <u>Telephone</u> 513/248-6736 |
| Name (Print/Type) | THOMAS W. BARNES, III                              | Date APRIL 27, 2007           |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.